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TW)				respond to a collection of information unless it displays a valid OMB control number. Complete if Known				
Effective on 12/08/2004. Wees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nu		10/821812		
FEE TRANSMITTAL				Filing Date		April 8, 2004		
							an A. Miller	
For FY 2005				Examiner Name Mary A. El Sh				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	-	2883		
TOTAL AMOUNT OF PAYMENT (\$) 450.00				Attorney Docket No. SION-P01-001				
METHOD OF PAYN	ENT (check all th	at apply)						
Check Cree	dit Card M	oney Order	None	Other	(please ide	entify):		
x Deposit Account Deposit Account Number: 18-1945 Deposit Acc				count Name: Ropes & Gray LLP				
	identified deposit a							
· —	ee(s) indicated belo					ndicated below, ex		ne filing fee
X Charge a	ny additional fee(s ider 37 CFR 1.16 a) or underpayme	ent of	x Cred	it any over	rpayments		
FEE CALCULATIO								
1. BASIC FILING, SEA	RCH, AND EXAM	INATION FEES	,					
Application Type		FEES Small Entity Fee (\$)	SEAI	RCH FEES Small Entity Fee (\$)		INATION FEES Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200			
Design	200	100	100	50	130			
Plant	200	100	300	150	160			
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE		100	Ū	V	Ü	· ·		Small Entity
Fee Description	E 3						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							50	25
Each independent clair					200	100		
Multiple dependent cla	aims	_					360	180
			Fee Pa	Paid (\$) Multiple Depend			ent Claims	
.=	-= x =					Fee (\$)	Fee Paid (\$	<u>5)</u>
Indep. Claims E	xtra Claims F	ee (\$)	Fee Pa	aid (\$)				
- = _	x	=						
3. APPLICATION SIZE If the specification ar listings under 37 (nd drawings exceed CFR 1.52(e)), the a	pplication size	fee due	e is \$250 (\$125	for small	filed sequence or l entity) for each a	computer additional 5	0
	thereof. See 35 U					(f)	Eas	Baid (\$)
<u>Total Sheets</u> - 100	Extra Sheets			I <mark>ditional 50 or f</mark> i (round up to a w			=	Paid (\$)
4. OTHER FEE(S)		-					<u>Fees</u>	Paid (\$)
Non-English Speci					second i	month	Λ.	50.00
Other (e.g., late fili	ng surcharge): 12	JZ EXICUSION	ioi ies	Pouse Minim	sewiid i	HOHUT		
SUBMITTED BY Signature	\ \ \ \ \	1. 1		Registration No.	55,77	76 Telephone	(617) 95	51-7756
Name (Print/Type) Christopher Paul Carroll Date							February 9, 2006	
Name (Printrype) Critis		1011	<u> </u>			1	. 557661	-, -500
TOTAL SANGARE, TOTALIO								

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> I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Signature: Tatricia (Patricia Tedesco) Dated: February 9, 2006